



South Dakota Regional Trauma Performance Improvement Case Review Abstract Form 1

08/2022

INSTRUCTIONS: Type or print clearly. To be completed by Community Trauma and Trauma Receiving Hospitals.
Complete and return to [Bailey Zweber](#), Trauma Consultant or [Jamie Zilverberg](#), State Trauma Program Manager.

Tertiary Facility: _____ Referring Facility: _____

Patient Name: _____ Patient Gender: _____ Patient Age: _____

Transfer Team Request Time: _____ Transfer Team Arrival Time: _____ Arrival to Hospital Departure Time: _____
FORMAT - HH:MM FORMAT - HH:MM FORMAT - HH:MM

Mode of transport to your facility: ALS Ground BLS Ground Air POV Other
 Procedures completed by Ground Ambulance or Flight Team (ex. O2, Intubation, IV, etc.)

Your ED Arrival Date: _____ Your ED Arrival Time: _____ ED Length of Stay: _____
EX: MM/DD/YYYY FORMAT - HH:MM

Did the patient meet Physiological and/or Anatomical Absolute Criteria?		Yes	No
Check all that apply:			
GCS < 10	BP < 90	Pulse > 120	Respirations < 10 or > 29, Airway Obstruction or Resp. Compromise
Penetrating injury to chest, abdomen, head, neck		Limb Paralysis (Associated with Trauma)	
Abdominal proximal to wrist or ankle		Pediatric Assessment Triangle Finding	Flail Chest
Facility Defined Criteria			
Was the Trauma Team activated?	Yes	No	Who activated the Trauma Team? EMS Hospital Staff
ED provider arrival time in minutes:		Surgeon arrival time to patients side in minutes:	

Pre-Hospital Vital Signs	Initial ED Vital Signs	Additional Vital Signs	Vital Signs Comments:
Temp	Temp	Temp	
Pulse	Pulse	Pulse	
Resp	Resp	Resp	
BP	BP	BP	
GCS	GCS	GCS	Total Inputs: (mL)
O2 Sat	O2 Sat	O2 Sat	Total outputs: (mL)

If applicable, which warming measures were taken in the care of this patient.

Mechanical Warmer (Bair Hugger)
 Warmed IV Fluids
 Warm Blankets
 Increasing ER Bay Temperature

Other Measures

Trauma Assessment

Airway ET Yes No N/A ET Time:
format - HH:MM

Breathing

Circulation

Disability

Co-Morbidities

ISS Identified Injuries

Abnormal Lab Findings

Was the patient on any Anti-Coagulation Meds?
If so, please list.

Portable Chest X-Ray Time: HH:MM	Portable Pelvic X-Ray Time: HH:MM	FAST Time: HH:MM	Backboard removal time in minutes:
CT of Head Performed With Contrast Without Contrast Time: HH:MM	CT of Neck Performed With Contrast Without Contrast Time: HH:MM	CT of Chest Performed With Contrast Without Contrast Time: HH:MM	CT of Abd. Performed With Contrast Without Contrast Time: HH:MM
CT of Pelvis Performed With Contrast Without Contrast Time: HH:MM			

Procedures completed in the ED (ex. O2, Intubation, Chest Tube, X-Rays, etc.) **With Times

Patient Emergency Room Disposition

format - m/d/yyyy h:MM:tt

Patient Died

Date/Time

Patient Discharged Home from ER

Date/Time

Patient Discharged to Tertiary Center

Date/Time

Facility:

Patient Admitted to your facility

Date/Time

LOS:

Mode of transport to your Tertiary Center: ALS Ground BLS Ground Air POV Other

To Operating Room

Date/Time

LOS:

Patient Admitted to your facility

ICU LOS

Hospital LOS:

If Admission-Date of Hospital Discharge

If Admission-Time of Hospital Discharge

Rehab Other:

Performance Improvement Findings/Requested Action Items

Section To be completed by Facility

A Primary PI review was conducted on this case
A Secondary PI review was conducted on this case
A Multidisciplinary review was conducted on this case

Facility Findings

PI Indicators

EMS Scene Time > 20 minutes
Backboard Removal > 20 minutes
Trauma Activation Criteria Met--Team not activated
Provider at Patients side > 30 minutes
CT performed after decision to transfer had been made
CT Chest without portable X-Ray
CT Chest/Abdomen/Pelvis without contrast
CT scan done on pediatric case </= 16 years

Decision to Transfer > 15 minutes
Decision to Transfer > 15 minutes and Tx protocol *NOT* followed
GCS </= and NOT intubated
Hypothermic (<97 degrees) without warming measures
Hemo/pneumo diagnosed and chest tube NOT placed
> 2 L crystalloid given before blood products started
I and O documentation missing
Death-Autopsy not required

Other:

Regional Performance Improvement Review Findings:

No action required:

Trend:

Guideline or Protocol:

Education:

CAH-Multidisciplinary Review:

Tertiary Hospital-M&M Review:

Additional Review: